

10-14-1999

FORM PTO-1618A
Expires 06/30/99
OMB 0651-0027



U.S. Department of Commerce
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Submission Type

- New
- Resubmission (Non-Recordation)
Document ID #
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Reel # Frame #
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Conveyance Type

- Assignment
- License
- Security Agreement
- Nunc Pro Tunc Assignment
Effective Date
Month Day Year
- Merger
- Change of Name
- Other

Conveying Party

Mark if additional names of conveying parties attached

Name MDLinx, Inc.

Execution Date
Month Day Year
8 2 99

Formerly

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other
- ~~Citizenship~~ State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name MDLinx.com, Inc.

DBA/AKA/TA

Composed of

Address (line 1) 1433 Corcoran St., NW

Address (line 2) Suite C

Address (line 3) Washington
City

D.C.
State/Country

20009
Zip Code

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

~~Citizenship~~ State of Incorporation/Organization

10/13/1999 MTHAI1 00000127 75745988

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01 FC:481 40.00 OP
02 FC:482 25.00 OP

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Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

David O. Johanson

Name of Person Signing



Signature

10/8/99

Date Signed

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MDLINX, INC.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "MDLINX.COM, INC.", THE SECOND DAY OF AUGUST, A.D. 1999, AT 9 O'CLOCK A.M.



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A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State
9914321

AUTHENTICATION: 08-10-99

DATE:

RECORDED: 10/12/1999

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